OMB APPROVAL **UNITED STATES** OMB Number: 3235-0076 Expires: April 30, 2008 SECURITIES EXCHANGE COMMISSION Estimated average burden Washington D.C. 20549 RECEIVED hours per response....16.00 FORM D APR 0 3 2007 EC USE ONLY NOTICE OF SALE OF SECURIT Prefix Serial PURSUANT TO REGULATION D. SECTION 4(6), AND/OR DATE RECEIVED UNIFORM LIMITED OFFERING EXEMPTION Name of Offering (check if this is an amendment and name has changed, and indicate change.) YMax Corporation - Common Stock Filing Under (Check box(es) that apply) Rule 504 ☐ Rule 505 Rule 506 Section 4(6) ☐ ULOE Type of Filing: ☐ New Filing Amendment A. BASIC IDENTIFICATION DATA Enter the information requested about the issuer Name of Issuer (check if this is an amendment and name has changed, and indicate change,) YMax Corporation Address of Executive Offices (Number and Street, City, State, Zip Code) Telephone Number (Including Area Code): (561) 833-1335 5700 Georgia Avenue West Palm Beach, Florida 33405 Address of Principal Business Operations-(Number and Street, City, State, Zip Code) Telephone Number (Including Area Code): (if different from Executive Offices) Brief Description of Business Telecommunications other (please specify) Type of Business Organization □ Corporation limited partnership, already formed Business trust limited partnership, to be formed Month Year 0 5 Actual Estimated Actual or Estimated Date of Incorporation or Organization: Jurisdiction of Incorporation or Organization: (Enter two-letter U.S. Postal Service abbreviation for State; * · CN for Canada; FN for other foreign jurisdiction) GENERAL INSTRUCTIONS Federal: Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C. 77d(6). When to File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address. Where to File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549. Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures. Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC. Filing Fee: There is no federal filing fee. This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted

Persons who respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB control number.

ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix in the notice constitutes a part of this notice and must

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predicated on the

filing of a federal notice.

be completed.

| | A. BASIC II | ENTIFICATION DATA | | | | |
|---|--|--|--|----------|---|--|
| 2. Enter the information requested for the fol | lowing: | Berett (1877) (1960) Million (1960) Million (1960) (1960) (1960) (1960) (1960) (1960) (1960) (1960) (1960) (19 | A MANAGEMENT AS A CONTRACT TO THE TANKE AND A STATE OF THE ASSESSMENT OF THE ASSESSM | | | ###################################### |
| • Each promoter of the issuer, if the issuer h | as been organized within | the past five years; | • | | | |
| Each beneficial owner having the power to | vote or dispose, or direc | t the vote or disposition of, | 10% or more of a | class o | f equity securities o | fthe issuer; |
| Each executive officer and director of corp | orate issuers and of corpo | orate general and managing | partners of partne | rship is | suers; and | |
| Each general and managing partner of part | nership issuers. | | 1 | _ | • | |
| Check Box(es) that Apply: Promoter | ☐ Beneficial Owner | Executive Officer (CEO/Chairman of Board) | | . 🗆 | General and/or Managing Partner | r |
| Full Name (Last name first, if individual) | | . • | | | | <u> </u> |
| Business or Residence Address (Number and S | treet, City, State, Zip Co | de) | | | | |
| Check Box(es) that Apply: Promoter | ☐ Beneficial Owner | Executive Officer (CFO) | ☐ Director | | General and/or Managing Partner | |
| Full Name (Last name first, if individual) | | | | | | • |
| Farley, George | | | | | · | |
| Business or Residence Address (Number and S | treet, City, State, Zip Co | de) | | ** | | , |
| 5700 Georgia Avenue West Palm Beach, Flor | rida 33405 | | • | | · | |
| Check Box(es) that Apply: Promoter | ☐ Beneficial Owner | Executive Officer (CIO) | Director | | General and/or Managing Partner | |
| Full Name (Last name first, if individual) | | | 1 | | | à, |
| Business or Residence Address (Number and S | Street, City, State, Zip Co | de) , | | | | • |
| Check Box(es) that Apply: Promoter | ☐ Beneficial Owner | Executive Officer (CAO) | Director [| _ | neral and/or Managing Partner | |
| Full Name (Last name first, if individual) | | | | | | |
| Tun Name (Last name tirst, it individual) | · | | | | | |
| | treet City State Zin Co | | | | | |
| Business or Residence Address (Number and S | treet, City, State, Zip Co | de) | | - 3 | | |
| | treet, City, State, Zip Co | de) . | , r | | | |
| | treet, City, State, Zip Co | de) Executive Officer | | _ | General and/or Managing Partner | |
| Business or Residence Address (Number and S | | |) | _ | | |
| Business or Residence Address (Number and S . Check Box(es) that Apply: Promoter | Beneficial Owner | ☐ Executive Officer | □ Director ⟩ | _ | | |
| Business or Residence Address (Number and S Check Box(es) that Apply: Promoter Full Name (Last name first, if individual) | Beneficial Owner | ☐ Executive Officer |) | _ | | |
| Business or Residence Address (Number and St. Check Box(es) that Apply: Promoter Full Name (Last name first, if individual) Bsiness or Residence Address (Number and St. | Beneficial Owner | ☐ Executive Officer |) | | | |
| Business or Residence Address (Number and St. Check Box(es) that Apply: Promoter Full Name (Last name first, if individual) Bsiness or Residence Address (Number and St. 5 | Beneficial Owner reet, City, State, Zip Cod | Executive Officer |) | | Managing Partner | |
| Business or Residence Address (Number and St. Check Box(es) that Apply: Promoter Full Name (Last name first, if individual) Bsiness or Residence Address (Number and St. 5) Check Box(es) that Apply: Promoter | ☐ Beneficial Owner reet, City, State, Zip Cod ☐ Beneficial Owner | Executive Officer Executive Officer |) | | Managing Partner | |
| Business or Residence Address (Number and St. Check Box(es) that Apply: Promoter Full Name (Last name first, if individual) Bsiness or Residence Address (Number and St. 5) Check Box(es) that Apply: Promoter Full Name (Last name first, if individual) | ☐ Beneficial Owner reet, City, State, Zip Cod ☐ Beneficial Owner | Executive Officer Executive Officer |) | | Managing Partner | |
| Business or Residence Address (Number and St. Check Box(es) that Apply: Promoter Full Name (Last name first, if individual) Bsiness or Residence Address (Number and St. 5) Check Box(es) that Apply: Promoter Full Name (Last name first, if individual) Business or Residence Address (Number and St. 6) | Beneficial Owner reet, City, State, Zip Cod Beneficial Owner | Executive Officer Executive Officer Continuous deposits a second deposit deposit deposits a second deposit deposits a second deposit depos | Director | | Managing Partner General and/or Managing Partner General and/or | |
| Business or Residence Address (Number and St. Check Box(es) that Apply: Promoter Full Name (Last name first, if individual) Bsiness or Residence Address (Number and St. 5) Check Box(es) that Apply: Promoter Full Name (Last name first, if individual) Business or Residence Address (Number and St. 6) Check Box(es) that Apply: Promoter | Beneficial Owner reet, City, State, Zip Cod Beneficial Owner Street, City, State, Zip Cod Beneficial Owner | Executive Officer Executive Officer Executive Officer | Director | | Managing Partner General and/or Managing Partner General and/or | |
| Business or Residence Address (Number and St. Check Box(es) that Apply: Promoter Full Name (Last name first, if individual) Bsiness or Residence Address (Number and St. 5) Check Box(es) that Apply: Promoter Full Name (Last name first, if individual) Business or Residence Address (Number and St. 6) Check Box(es) that Apply: Promoter Full Name (Last name first, if individual) | Beneficial Owner reet, City, State, Zip Cod Beneficial Owner Street, City, State, Zip Cod Beneficial Owner | Executive Officer Executive Officer Executive Officer | Director | | Managing Partner General and/or Managing Partner General and/or | |

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|----------|---------------------------------|-------------------------------------|---|---|-----------------------------------|---------------------------------|------------------------------|--------------------------------|----------------------------------|---|---------------|---|------------------|
| | | | | , | 9 | | , | | | | | | Yes No |
| - 1. | Has the | e issuer so | old, or does | | | | | | - | *************************************** | ••••••• | | |
| 2. | What is | s the mini | mum invest | | | | - | _ | | | | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | \$ None |
| | | | | 1 | • | • | • . | | | • | | , | Yes No |
| 3. | | | • | | _ | | | | | | | | |
| 4. | solicita dealer i persons | tion of puregistered s of such a | urchasers in with the SE a broker or o | connection C and/or w lealer, you r | with sales of the with a state of | of securities states, list t | in the offer he name of t | ing. If a per the broker of | rson to be lis r dealer. If n | sted is an as | sociated per | rson or agen | t of a broker or |
| Full | Name (1 | Last name | e first, if ind | ividual) | • | | | ; | | | | | |
| Busi | ness or | Residence | Address (1 | Number and | Street, City, | State, Zip C | Code) | | <u> </u> | | | | <u>.</u> |
| Nam | o of Are | nainted D | Protein on Do | | | | | | ÷ | • | | | |
| Ivaiii | ie oi Ass | sociated E | broker or De | aicr | | | | | | | | | |
| State | | | | | | | | = | | | ,- | | |
| | (Check | "All Stat | es" or check | individual | States) | ••••• | ••••••• | | ······ | | •••••• | | All States |
| [AL |] | [AK] | [AZ] | [AR] | [CA] | [CO] | [CT] | [DE] | [DC] | [FL] | [GA] | [HI] | [ID] |
| [IL] | | [IN] | [IA] | [KS] | [KY] | [LA] | [ME] | [MD] | [MA] | [MI] | [MN] | [MS] | [MO] |
| [M] | - | [NE] | [NV] | [NH] | [NJ] | [MM] | [NY] | [NC] | [ND] | [OH] | [OK] | [OR] | [PA] |
| [RI] | | [SC] | [SD] | [TN] | [TX] | _. [UT] | [VT] | [VA] | [WA] | [WV] | [WI] | [WY] | [PR] |
| Full | Name (l | Last name | first, if ind | ividual) | | | | : | | | - | | |
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| Dusi | ness or i | Residence | : Address (I | Number and | Succi, City | , state, zip (| | | • | | | | |
| Nam | e of Ass | sociated B | Broker or De | aler | | | | | | | | | |
| State | | | issuer sold, or does the issuer intend to sell, to non-socredited investors in this officing? | | | | | | | | | | |
| | (Check | "All State | es" or check | individual | States) | | | ., | | | | | . All States |
| [AL | 1 | [AK] . | [AZ] | [AR] | [CA] | [CO] | [CT] | [DE] | [DC] | [FL] | [GA] | · [HI] | (ID) |
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| [MT |] | [NE] | [NV] | [NH] | [NJ] | [NM] | [NY] | [NC] | [ND] | [OH] | [OĶ] | [OR] | [PA] |
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| Full | Name (l | Last name | e first, if ind | ividual) | | _ | | _ | | • | | | |
| Busi | ness or | Residence | Address (1 | Number and | Street, City | , State, Zip (| Code) | | | | | | |
| Nam | e of Ass | sociated B | Broker or De | aler | | | | | | | | | |
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| State | | | | | 4 | | | ************************* | 24444 | | | | All States |
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| [IL] | | [IN] . | [IA] | [KS] | [KY] | [LA] | · - | · [MD] | [MA] | [MI] | [MN] | [MS] | [MO] |
| [M] | - | [NE] | [NV] | [NH] | [NJ] | [NM] | [NY] | [NC] | [ND] | [OH] | [OK] | [OR] | [PA] |
| [RI] | | [SC] | [SD] | [TN] | [TX] | [UT] | [VT] | [VA] | [WA] | [WV] | [WI] | · [WY] | [PR] |

C: OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS

| 1. | Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if answer is "none" or "zero." If the transaction is an exchange offering, check this box and indicate in the columns below the amounts of the securities offered for exchange and already exchanged. | • | |
|----|---|---------------------|---|
| • | Type of Security | Aggregate | Amount Already |
| | | Offering Price | Sold |
| | Debt | | \$ |
| | Equity | \$ <u>8,105,000</u> | \$ <u>8,105,000</u> |
| | | | |
| | Convertible Securities (including warrants) | | <u> \$ </u> |
| | Partnership Interests | \$ | . \$ |
| | Other (Specify): For Services Rendered | \$0 | \$0 |
| | Total | \$ | \$ |
| | Answer also in Appendix, Column 3, if filing under ULOE. | | |
| 2 | Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero." | | |
| | | Number | Aggregate Dollar Amount |
| | Accredited Investors: For Services Rendered | Investors 30 | of Purchases |
| | Non-Accredited Investors | | \$ <u>8,105,000</u> |
| | | | · |
| | Total (for filings under Rule 504 only) | • | \$ |
| | Answer also in Appendix, Column 4, if filing under ULOE. | | |
| 3. | If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C – Question 1. | | |
| | | Type of | Dollar Amount |
| | | Security | Sold |
| | Rule 505 | | \$ |
| | Regulation A | | \$ |
| | Rule 504 | | \$ |
| | Total | | \$ |
| 4. | a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the issuer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate. | ٠ | |
| | Transfer Agent's Fees | | □s . |
| | € | | |
| | Printing and Engraving Costs | - | • |
| | Legal Fees. | | <u>\$ 14,000.00</u> |
| , | Accounting Fees | | · \$ |
| | Engineering Fees | | S |
| | Sales Commissions (specify finders' fees separately) | | □ \$ |
| | Other Expenses (identify) | | |
| • | Total | | \$ 14,000.00 |

| A SA | C. OFFERING PRICE; NUMBER OF INVESTORS, EXPENSES AND USE. | OF PI | ROCEEDS | |
|------------|--|----------|--|--------------------------------|
| and | Enter the difference between the aggregate offering price given in response to Part C – Question total expenses furnished in response to Part C – Question 4.a. This difference is the "adjusted grosceeds to the issuer." | | | \$ 8,091,000 |
| eac the | icate below the amount of the adjusted gross proceeds to the issuer used or proposed to be used for hof the purposes shown. If the amount for any purpose is not known, furnish an estimate and check box to the left of the estimate. The total of the payments listed must equal the adjusted grosceeds to the issuer set forth in response to Part C – Question 4.b. above. | k | | y |
| | | | Payments to Officers, Directors, & Affiliates | Payments to Others |
| | Purchase of real estate | 🗆 | \$ <u>N/A</u> \$ <u>N/A</u> | \$ <u>N/A</u> \$ <u>N/A</u> |
| ٠ | Purchase, rental or leasing and installation of machinery and equipment Construction or leasing of plant buildings and facilities | | \$ <u>N/A</u> \$ <u>N/A</u> | □ \$ <u>N/A</u> □ \$_N/A |
| • | Acquisition of other businesses (including the value of securities involved in this Offering that may be used in exchange for the assets or securities of another issuer pursuant to a merger) | 🔲 | \$N/A | □ \$ <u>N/A</u> |
| | Repayment of indebtedness | | \$ N/A \$ N/A | \$ <u>N/A</u> \$\$8,091,000 |
| | Other (specify) | | \$ · N/A | \$ N/A |
| | | 🗆 | \$N/A | □ \$N/A |
| · 、 | Total Payments Listed (column totals added) | | | 0 0 |
| i, s if | D. FEDERAL SIGNATURE | | | ne ngangangan p |
| signatur | er has duly caused this notice to be signed by the undersigned duly authorized person. If this not constitutes an undertaking by the issuer to furnish to the U.S. Securities and Exchange Commission furnished by the issuer to any non-accredited investor pursuant to paragraph (b)(2) of Rule 502. | | | |
| YMax C | rint or Type) Orporation Signature | • | Date March 3 | 0, 2007 |
| Name of | Signer (Print or Type) Potal Russo Title of Signer (Print or Type) * | <u>)</u> | 4* | |

ATTENTION

Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001.)

| 强星》/海洲军员 | AMERICA CONTRACTOR | E. STA | ΓÈ SIGNATUR | 的情况。 | Life is a second | Mark Mar | | |
|---|---|-------------------------------------|-------------------|------------------------------------|----------------------------|---------------------------------|--------------|-------------------------|
| Is any party deprovisions of sections. | scribed in 17 C.F.R. 230 | 0.262 presently subjec | =" | |) : न्य | | Yes | No I |
| provisions of s | uen ruic: | | 4) | | | | ···· | |
| | | | | • | , | • • • | | • |
| | | See Appendix, Co | lumn 5, for stat | response. | P . | • | • | |
| | , | | <i>Ç</i> | , | # _ * * | v, 3 | | * *** *** **** **** |
| 2. The undersigned iss C.F.R. 239.500) at s | suer hereby undertakes to such times as required by | o furnish to any state y state law. | administrator of | any state in w | hich this no | otice is filed, a | notice on F | orm D (17 |
| | | | | •. | | | | 73 |
| | suer hereby undertakes | to furnish to the state | e administrators | upon written | request, in | formation furr | ished by the | e issuer to |
| offerees. | · | v | i de | | | | | |
| Offering Exemption | suer represents that the (ULOE) of the state in tablishing that these con | which this notice is f | iled and underst | s that must be ands that the is | satisfied to suer claim | be entitled t ng the availab | o the Unifor | rm limited exemption |
| inas the burden of es | taonshing that these con | , , , , , , | Silcu. | • | ŗ | · yait | | • |
| The issuer has read this n duly authorized person. | otification and knows th | ne contents to be true | and has duly cau | sed this no ice | to be signe | d on its behalf | by the under | rsigned |
| dary dadronized person. | | A Section | | -/W · | | | • | • |
| Issuer (Print or Type) | | . : | Signature | /1/kg | , | Date | 1 | |
| YMax Corporation | | | · / | // | | March | 30, 2007 | |
| Name (Print or Type) | Retu R | J 550 | Title (Print or 🕻 | de) U | to." | | 1. | |

Instruction:

Print the name and title of the signing representative under his signature for the state portion of this form. One copy of every notice on Form D must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

APPENDIX

| . 1 | : | 2 | 3. | 1 | ······································ | 4 | ١., | | 5 ification |
|-------|---------|--|--|--------------------------------------|--|---|----------|--|--|
| • | non-acc | to sell to credited s in State -Item 1) | Type of security and aggregate offering price offered in state (Part C-Item 1) | `. | amount pur | investor and rchased in State C–Item 2) | | under Sta (if yes explan waiver | nte ULOE , attach ation of granted) -Item 1) |
| State | Yes | No | | Number of Accredited Investors | Amount | Number of Non- Accredited Investors | Amount | Yes | No |
| AL | 103 | 110 | | Investors | Amount | i i | , Amount | 103 | 110 |
| AK | | | | | • | | - | | |
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| 1 | Intend t non-acc | to sell to credited s in State -Item 1) | Type of security and aggregate offering price offered in state (Part C-Item 1) | | 5 Disqualification under State ULOE (if yes, attach explanation of waiver granted) (Part E-Item 1) | | | | |
|-------|---------------------|--|--|--------------------------------------|--|---|-------------|---------------------------------------|------|
| State | Yes | No | | Number of Accredited Investors | Amount | C-Item 2) Number of Non- Accredited Investors | , Amount | Yes | , No |
| MS | | | : | | | | | | |
| МО | | | | | | · | | | |
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| | • | | | | • | • | | Disqual | ification |
| | } | | Type of security | } | • | * | | under Sta | ate ULOE |
| | Intend to sell to | | and aggregate | | | | | (if yes | , attach |
| l' . | non-ac | credited | offering price | | Type of investor and amount purchased in State | | | | ation of |
| , . | | s in State | offered in state | | waiver granted) | | | | |
| | (Part B | -Item 1) | (Part C-Item 1) | | (Part C-Item 2) | | | | |
| , , | | | | | | Number of . | , | | |
| | | | | Number of | | Non- | _ | | ļ · |
| | A**. | | · | Accredited | c. | Accredited . | | | · |
| State | Yes | No | | Investors | Amount | Investòrs | Amount | Yes | No |
| , MI | · . | 10 | , | | | | | | |
| WY | | : | | • | | | | | |
| PR | | | | 3 | | | | | |

March 30, 2007

VIA FEDERAL EXPRESS

U.S. Securities and Exchange Commission 450 Fifth Street, N.W. Washington, D.C. 20549.

Re: YMax Corporation: Amendment to Form D dated March 14, 2007

To Whom it May Concern:

YMax Corporation (hereinafter "YMax") previously requested an exemption from registration of its securities offering pursuant to Rule 506 of the Federal Securities Act of 1933 on a Form D (Notice of Sale of Securities Pursuant to Regulation D) dated March 14, 2007 ("Original Form D"). Attached to this letter please find one manually executed Form D amending the Original Form D and four copies of the same.

Please direct any correspondence with respect to this request for exemption from registration to Devon Williams, Arnold & Porter LLP, 555 12th Street NW, Washington, DC 20004, fax (202) 942-5999, phone (202) 942-6704.

Thank you for your time and consideration in this matter.

Sincerely,

Peter Russo

Attachment

